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Stories

Headline: DoD announces plan to manage flu vaccine delay
From Bureau of Medicine and Surgery

Washington - In response to a national delay in receiving influenza vaccine for the 2000-2001 influenza season, the Department of Defense (DoD) announced a plan for prioritizing immunizations to maintain optimal military readiness and protect their most vulnerable populations.

According to the Center for Disease Control and Prevention, shipment of the vaccine has been delayed because manufacturers had difficulty growing a new flu strain. Additionally, two of the four pharmaceutical companies that

provide the vaccine have had production problems. One such company supplies nearly 2.5 million doses to the armed forces. The military generally uses 2.8 million doses to cover all active duty and eligible beneficiaries.

"Influenza epidemics in the United States typically occur in the winter and early spring. We expect that even with the delay, we will have enough time to adequately protect all of the beneficiaries for whom we are responsible," said Col. Dana Bradshaw, Chair of the Joint Preventive Medicine Policy Group.

There are currently 230,000 doses available at the Defense Supply Center Philadelphia. Available supplies will be given first to operational forces, health-care workers with direct patient contact and both active duty and non-active duty Defense Enrollment Eligibility Reporting System (DEERS) enrollees who have high-risk medical conditions.

Military trainees along with personnel in close contact with high-risk patients will be next in line to receive the vaccine, followed by all other military members in priority for deployment, other active duty members and mission critical civilians in overseas facilities.

DoD influenza vaccination campaigns have been delayed until early to mid November, pending receipt of adequate supplies of vaccine.

"The greatest number of hospitalizations and deaths [caused by influenza] are in elderly people or children and adults with high risk medical conditions," Bradshaw said. "We encourage others to be patient and wait to get vaccinated until those at highest risk can be protected."

The DoD is working with the CDC and the Advisory Committee on Immunization Practices, a panel that advises the CDC, in responding to this vaccine delay.

For more information on the delay of the influenza vaccine, visit the Navy Medicine website at navymedicine.med.navy.mil, the TRICARE website at www.tricare.osd.mil/immunization/whatsnew.html and the CDC website at www.cdc.gov.

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Headline: NMCP offers new treatment for hearing loss
By Naval Medical Center Portsmouth

PORTSMOUTH, Va. - Naval Medical Center Portsmouth became the first military facility to offer a brand new surgical alternative for patients suffering from hearing loss. It is an implant designed to work with the natural structures of the middle ear to improve hearing and communication abilities for people with hearing impairment.

Shortly after the Food and Drug Administration approved the device, a Navy retiree suffering from sensorineural hearing loss underwent the three-hour outpatient surgical implant procedure at the medical center.

According to Capt. Lorenz F. Lassen, director of Surgical Services for NMCP and the operation's surgeon, making this innovative technology available enhances the quality of life for the military population suffering from hearing loss.

"Hearing aids are a covered benefit for military

personnel. We incorporated this treatment alternative because it enhances communication by reducing feedback and providing better gain in high frequencies." Lassen explained that unlike conventional hearing aids, the new implant does not cover the ear canal, which significantly decreases the risk of moisture buildup and ear infections.

Currently, NMCP provides about 300 sets of hearing aids per year to active duty patients. Lassen stated that only current hearing aid users would be considered for receiving an implant. "I am unsure about how many of these hearing aid users would choose to have a surgical implant, but the number is probably between 20 to 30 percent, which means 60 to 90 patients per year."

Attacking hearing loss in the Navy is a combined effort. It includes an aggressive hearing conservation program, regular testing and a team of health care professionals who make the latest technological advances available to meet the needs of patients.

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Headline: On-board therapist keeps Sailors on the job
By JO3 Eric Durie, USS Harry S. Truman

NORFOLK, Va. - The most qualified physical therapist in the Navy can't be found at any hospital or clinic. In fact, she chooses to avoid them.

Cmdr. Erin Patterson, USS Harry S. Truman's (CVN 75) physical therapist, is board-certified in three clinical specialties. The Bermuda native is the only therapist of the 80 in the Navy with those credentials, and is on board Truman for her second consecutive tour aboard a deploying carrier.

Patterson is certified by the American Board of Physical Therapy Specialties (ABPTS) in orthopedic and sports physical therapy. She is one of only 50 physical therapists in the country certified by the ABPTS in two specialties. There are 75,000 practicing physical therapists in the United States.

Being able to perform orthopedic physical therapy is important on a carrier, considering 40 percent of the injuries she treats are orthopedic in nature.

"The Navy offers me an opportunity to practice direct access," Patterson said. "In a civilian setting you can't just grab patients off the street, but here if I see someone limping I can ask them why they're limping and immediately set up an appointment with them. It's front line intervention."

Two-and-a-half years ago, Patterson became the first physical therapist assigned to a carrier when she was given orders to USS Enterprise (CVN 65) as part of an experiment to determine the effectiveness of shipboard physical therapy.

During her time on Enterprise, Patterson proved the value of having a physical therapist on board. According to Patterson, during her five-weeks at sea the ship had no non-surgical medevacs.

"We treat over 400 Sailors each month," said Patterson. "I consider us industrial athletes. Most of the injuries we get are sports-related types, and just like athletes, we can't afford to just go to bed and rest up. We've got a job to do."

A Sailor who had recently dislocated his knee on board was back on his feet in two hours following treatment by Patterson.

"We're not just at sea because we drew the short straw," she said. "We have a tremendous amount of experience out here. We definitely don't just hand out aspirin."

If she has her way, Patterson will practice physical therapy in the Navy for a long time.

"I'll go over 20 years in service during our upcoming deployment," she said. "I want to stay as long as they let me."

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Headline: Medical organization selects Navy Captain as president-elect

From American Academy of Family Physicians

DALLAS, Tx. - The American Academy of Family Physicians Congress of Delegates has elected Capt. Warren A. Jones, MC, as president-elect of its organization.

Jones will become the organization's president in October 2001. He previously served three years on the AAFP's board of directors, a position he has held since 1997. As president-elect, Jones will represent the Academy at press conferences, other medical organization meetings and congressional hearings on a variety of medical issues. He will also help develop Academy policy.

As a Captain in the Navy, Jones has traveled extensively and is now stationed in the Washington, D.C. area.

He has extensive medical teaching experience, which includes serving as special assistant to the U.S. Surgeon General for Physical Qualifications and Review and as director of undergraduate medical education. He also served as Director of Residency Training in the Department of Family Practice at Naval Hospital Pensacola and as chair of the Department of Family Practice at Naval Hospital Charleston.

Before moving to Washington, Jones served as Director of Medical and Clinical Services for the TRICARE Pacific Region. He was responsible for the coordination of access to health care for the Department of Defense personnel in Alaska, Hawaii, the Pacific Rim, and from Asia to the western coast of Madagascar.

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Headline: Anthrax question and answer

Question: Formaldehyde is not approved for human consumption. Why is it used in the anthrax and other vaccines?

Answer: Material Safety Data Sheets correctly warn people not to swallow formaldehyde. Small amounts of formaldehyde are approved by the FDA for use in manufacturing several vaccines, including vaccines against anthrax, diphtheria, hepatitis A, influenza, Japanese encephalitis, and tetanus.

A small amount of formaldehyde, less than 2 parts per 10,000 (0.02%), is permitted by FDA to remain in the anthrax vaccine. Formaldehyde has been used in vaccine manufacturing since the 1960s, if not earlier. Literally billions of people around the world have been given tetanus toxoid processed with formaldehyde (as anthrax vaccine is), which is generally recognized as safe. FDA closely monitors all the ingredients and processing steps of all vaccines and other medications before they can be

distributed for widespread use.

Material Safety Data Sheets (MSDS) are a method to explain chemical hazards, according to OSHA standards (see www.osha-slc.gov/SLTC/smallbusiness/sec16.html). For any given chemical, health hazards vary by amount of chemical (concentration), duration of exposure (time), and route of exposure (skin, stomach, lungs, etc.).

FDA's decision to permit formaldehyde to be present as residues in vaccines is based, in part, on the low concentrations and infrequent exposures involved. Minute doses of formaldehyde in vaccines are generally recognized as safe.

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Headline: TRICARE question and answer

Question: If I choose to disenroll after I have enrolled in TRICARE Prime, what penalty is incurred? Can I get back into TRICARE Prime if I don't like the other options?

Answer: If the enrollment fee was paid in one payment, you will not receive a refund. Enrollment is for 12 months, unless you move from the area or lose eligibility; if you disenroll early you are eligible to re-enroll in 12 months.

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Headline: Healthwatch: Breast cancer detection is in your hands
By Bill Doughty, US Naval Hospital Yokosuka

YOKOSUKA, Japan - Women don't have to be in the dark about breast cancer. Help is at their fingertips.

Health care professionals at Yokosuka recently attended a course to improve their awareness of new techniques in detection, prevention, and treatment. The course reinforced the importance of early detection through breast self-exams.

Capt. Melissa Kaime, director of the Breast Health Center at Navy Medical Center San Diego and senior instructor of the course, said, "Self breast examinations are very important in several regards. It's important for a woman to learn how to do a very careful monthly self breast examination. That woman will then know her breast better than anybody else and know when there is a minor little lump that otherwise might not be able to be felt."

Self-exams can be taught and reinforced by health care providers.

"Breast self examination is an important thing for all women to learn from a very young age and to continue that throughout the life cycle." said Lt. Cmdr. Jennifer Jagoe, Staff Physician at NMC San Diego. "It's through a history and close physical exam that increase risk may be identified."

Jagoe recommends annual screening by a health care provider.

"The good news is that we are finding more breast cancer, and the reason we're doing that is because we're doing more mammograms," said Kaime. "We're finally getting the word out that mammograms are very important and should be done every year for women over the age of 40. And, by that we're able to find breast cancers at a very early, treatable stage."

To learn more about healthy lifestyles that can prevent breast cancer, call Health Promotion at 243-2615.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are highly encouraged. Contact MEDNEWS editor, at email: mednews@us.med.navy.mil; telephone 202-762-3218, (DSN) 762, or fax 202-762-3224.

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